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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  X Declaration Submitted with Declaration Submitted after Initial Filing <b>OR</b> Initial Filing (Surcharge required) (37 CFR 1.16(e))	Attorney Docket Number	DEP651		
	First Named Inventor	David Wayne Daniels		
	<i>COMPLETE IF KNOWN</i>			
	Application Number			
	Filing Date			
	Group Art Unit			
	Examiner Name			
<p><b>As a below named inventor, I hereby declare that:</b></p> <p>My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p>				
<b>Modular Tapered Reamer For Bone Preparation And Associated Method</b> <i>(Title of the Invention)</i>				
<p>the specification of which</p> <p>X is attached hereto</p> <p>OR</p> <p>was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/></p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>				
<p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.</p>				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint: <div style="float: right; text-align: right;">             Place Customer              Number Bar Code              Label Here           </div> <div style="clear: both;"></div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> </div> <div style="margin-top: 10px;">             AND           </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between;"> <span><u>Name</u></span> <span><u>Registration Number</u></span> </div> </div>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to John Wagley at telephone number (574) 372-7332.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP

<b>Country</b>	<b>Telephone:</b>	<b>Fax:</b>
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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name  
(first and middle (if any))** David Wayne

**Family Name  
or Surname** Daniels

**Inventor's  
Signature**

**Date**

**Residence: City** Warsaw

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 2340 E. Kemo Avenue

**City** Warsaw

**State** IN

**ZIP** 46582

**Country** US

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**NAME OF SOLE OR SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name  
(first and middle (if any))** Charles Wesley

**Family Name  
or Surname** Jagers

**Inventor's  
Signature**

**Date**

**Residence: City** Warsaw

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 1538 South Meadow Drive

**City** Warsaw

**State** IN

**ZIP** 46580

**Country** US

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**NAME OF SOLE OR THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name  
(first and middle [if any])**Kimberly Ann

**Family Name  
or Surname** Dwyer

**Inventor's  
Signature**

**Date**

**Residence: City** Fort Wayne

**State**IN

**Country**  
US

**Citizenship**USA

**Mailing Address** 10720 Lone Tree Place

**City** Fort Wayne

**State** IN

**ZIP**46818

**Country** US

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**NAME OF SOLE OR FOURTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name  
(first and middle [if any])**David William

**Family Name  
or Surname** Morrow

**Inventor's  
Signature**

**Date**

**Residence: City** Fort Wayne

**State**IN

**Country**  
US

**Citizenship**USA

**Mailing Address** 8823 Sandpiper Court

**City** Fort Wayne

**State** IN

**ZIP**46804

**Country** US

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**NAME OF SOLE OR FIFTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Brad Alan

**Family Name**  
or Surname Parker

**Inventor's**  
**Signature**

**Date**

**Residence: City** Warsaw

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 23 EMS Lane C14

**City** Warsaw

**State** IN

**ZIP** 46582

**Country** US

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**NAME OF SOLE OR SIXTH INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Daniel J.

**Family Name**  
or Surname Berry

**Inventor's**  
**Signature**

**Date**

**Residence: City** Rochester

**State** MN

**Country**  
US

**Citizenship** USA

**Mailing Address** 8953 11<sup>th</sup> Avenue N.E.

**City** Rochester

**State** MN

**ZIP** 55906

**Country** US

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<b>Modular Tapered Reamer For Bone Preparation And Associated Method</b> <i>(Title of the Invention)</i>				
<p>the specification of which</p> <p>X is attached hereto</p> <p>OR</p> <p>was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY) <input type="text"/></p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p>				
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



			<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
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Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** -

Place Customer  
Number Bar Code  
Label Here

AND

☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to John Wagley at telephone number (574) 372-7332.

Customer Number  
Direct all correspondence to: ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

<b>Country</b>	<b>Telephone:</b>	<b>Fax:</b>
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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) David Wayne

**Family Name**  
or Surname Daniels

**Inventor's Signature**

**Date** 6-17-03

**Residence: City** Warsaw

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 2340 E. Kemo Avenue

**City** Warsaw

**State** IN

**ZIP** 46582

**Country** US

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**NAME OF SOLE OR SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Charles Wesley

**Family Name**  
or Surname Jagers

**Inventor's Signature**

**Date** 17 JUNE 03

**Residence: City** Warsaw

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 1538 South Meadow Drive

**City** Warsaw

**State** IN

**ZIP** 46580

**Country** US

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**NAME OF SOLE OR THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name  
(first and middle [if any])** Kimberly Ann

**Family Name  
or Surname** Dwyer

**Inventor's  
Signature**

*Kimberly Ann Dwyer*

**Date**

6/17/03

**Residence: City** Fort Wayne

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 10720 Lone Tree Place

**City** Fort Wayne

**State** IN

**ZIP** 46818

**Country** US

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**Given Name  
(first and middle [if any])** David William

**Family Name  
or Surname** Morrow

**Inventor's  
Signature**

**Date**

**Residence: City** Fort Wayne

**State** IN

**Country**  
US

**Citizenship** USA

**Mailing Address** 8823 Sandpiper Court

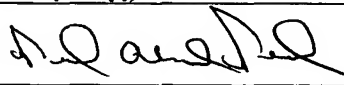
**City** Fort Wayne

**State** IN

**ZIP** 46804

**Country** US

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<b>NAME OF SOLE OR FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Brad Alan		<b>Family Name</b> or Surname Parker	
<b>Inventor's Signature</b> 		<b>Date</b> 6-17-03	
<b>Residence: City</b> Warsaw	<b>State</b> IN	<b>Country</b> US	<b>Citizenship</b> USA
<b>Mailing Address</b> 23 EMS Lane C14			
<b>City</b> Warsaw	<b>State</b> IN	<b>ZIP</b> 46582	<b>Country</b> US

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<b>NAME OF SOLE OR SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Daniel J.		<b>Family Name</b> or Surname Berry	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Rochester	<b>State</b> MN	<b>Country</b> US	<b>Citizenship</b> USA
<b>Mailing Address</b> 8953 11 <sup>th</sup> Avenue N.E.			
<b>City</b> Rochester	<b>State</b> MN	<b>ZIP</b> 55906	<b>Country</b> US

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the specification of which				
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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Application Serial No.</b>	<b>Filing Date</b>	<b>Status</b>
		Patented Patented Patented
I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Practitioners at Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span>  <p style="margin-top: 10px;">AND</p> <input type="checkbox"/> Practitioner(s) named below:  <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><u>Name</u></span> <span><u>Registration Number</u></span> </div> </div> <div style="width: 35%; text-align: center; vertical-align: top;">             Place Customer              Number Bar Code              Label Here           </div> </div>		
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Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 10px;">000027777</span> OR <input type="checkbox"/> Bar Code Label <span style="border: 1px solid black; padding: 2px 10px;"></span> Correspondence address below		
<b>Name:</b>		
<b>Address:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP</b>

<b>Country</b>	<b>Telephone:</b>	<b>Fax:</b>
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<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) David Wayne		<b>Family Name</b> or Surname Daniels	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Warsaw	<b>State</b> IN	<b>Country</b> US	<b>Citizenship</b> USA
<b>Mailing Address</b> 2340 E. Kemo Avenue			
<b>City</b> Warsaw	<b>State</b> IN	<b>ZIP</b> 46582	<b>Country</b> US
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<b>NAME OF SOLE OR SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Charles Wesley		<b>Family Name</b> or Surname Jagers	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Warsaw	<b>State</b> IN	<b>Country</b> US	<b>Citizenship</b> USA
<b>Mailing Address</b> 1538 South Meadow Drive			
<b>City</b> Warsaw	<b>State</b> IN	<b>ZIP</b> 46580	<b>Country</b> US

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<b>Given Name (first and middle (if any))</b> Kimberly Ann		<b>Family Name or Surname</b> Dwyer	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Fort Wayne	<b>State</b> IN	<b>Country</b> US	<b>Citizenship</b> USA

**Mailing Address** 10720 Lone Tree Place

<b>City</b> Fort Wayne	<b>State</b> IN	<b>ZIP</b> 46818	<b>Country</b> US
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR FOURTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name (first and middle (if any))</b> David William		<b>Family Name or Surname</b> Morrow	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Fort Wayne	<b>State</b> IN	<b>Country</b> US	<b>Citizenship</b> USA

**Mailing Address** 8823 Sandpiper Court

<b>City</b> Fort Wayne	<b>State</b> IN	<b>ZIP</b> 46804	<b>Country</b> US
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<b>NAME OF SOLE OR FIFTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Brad Alan		<b>Family Name</b> or Surname Parker	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b> Warsaw	<b>State</b> IN	<b>Country</b> US	<b>Citizenship</b> USA
<b>Mailing Address</b> 23 EMS Lane C14			
<b>City</b> Warsaw	<b>State</b> IN	<b>ZIP</b> 46582	<b>Country</b> US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>NAME OF SOLE OR SIXTH INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
<b>Given Name</b> (first and middle [if any]) Daniel J.		<b>Family Name</b> or Surname Berry	
<b>Inventor's Signature</b> <i>D. Berry</i>		<b>Date</b> 6/23/03	
<b>Residence: City</b> Rochester	<b>State</b> MN	<b>Country</b> US	<b>Citizenship</b> USA
<b>Mailing Address</b> 8953 11 <sup>th</sup> Avenue N.E.			
<b>City</b> Rochester	<b>State</b> MN	<b>ZIP</b> 55906	<b>Country</b> US